DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

Registration District No. 469

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-632

State File No. 3192

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lawrence - Lincoln Twp.

(b) City or town So. Greenfield. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community Five years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

(c) City or town So. Greenfield. Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. S. E. Town.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM M. MEYERS.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife wife Ella Barker Meyers

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. (Month) 10 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	14	hr. min.

9. Birthplace — Franklin Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Fred C. Meyers.
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Hoffman
15. Birthplace — Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ella Meyers
(b) Address So. Greenfield. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Cem.

18. (a) Signature of funeral director J. W. Ward.
(b) Address Greenfield. Mo.

19. (a) 2-1-41 (Date received local registrar) (b) C. S. Binney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan 24, 1941, to Jan 24, 1941, that I last saw him alive on Jan 24, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 94 W	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. O. Cowan (M. D. or other)
Address Greenfield Mo. Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 6,
District File Number 141-199
Date Filed FEB 4 - 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. W. Ward

Licensed Embalmer No. 28-32

P. O. Address Greenfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.